

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-007760

STATE FILE NUMBER

AMENDED

Registration District No. 318
FILED FEB 28 1962

Primary Registration District No. 1003

Registrar's No. 1958

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>SANGAMON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1716 VERMON</u>	
3. NAME OF DECEASED (Type or print) First <u>NORMA</u> Middle <u>L.</u> Last <u>BENNETT</u>		4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 28-1924</u>
9. AGE (last birthday) <u>37</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u> Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (City and state or country) <u>SPRINGFIELD ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ERNEST H. RICHARDS</u>		13b. MOTHER'S MAIDEN NAME <u>GLADYS BURTLE</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM BENNETT JR.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>572.2</u>		17. INFORMANT <u>WILLIAM BENNETT JR. SPRINGFIELD</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE PNEUMONIA, POST-OP</u> DUE TO (b) <u>PERFORATION OF DISTAL SEGMENT OF ILEUM</u> DUE TO (c) <u>CHRONIC ULCERATIVE COLITIS AND REGIONAL ENTERITIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>572.2</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 HOURS</u> <u>1-2 DAYS</u> <u>YEARS</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>572.2</u>		20c. TIME OF INJURY Hour <u>10:40</u> a.m. <u>10:40</u> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>SPRINGFIELD ILL.</u>	
20f. CITY, TOWN, OR LOCATION <u>SPRINGFIELD ILL.</u>		20g. COUNTY <u>ILL.</u>	
21. I attended the deceased from <u>AUGUST 29, 1960</u> to <u>FEB. 15, 1962</u> and last saw her/him alive on <u>FEBRUARY 15, 1962</u> Death occurred at <u>10:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>C. P. Vermillion, M.D.</u> (Degree or title) 22b. ADDRESS <u>BARNES HOSPITAL</u> 22c. DATE SIGNED <u>2/16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>2-19-62</u>		23b. DATE <u>2-19-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE CEM.</u>		23d. LOCATION (City, town, or county) <u>SPRINGFIELD ILL.</u>	
24. FUNERAL DIRECTOR <u>HAROLD BISCH</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 16 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		27. ADDRESS <u>SPRINGFIELD ILL.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Duckworth

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.